

ARIZONA DIVISION OF EMERGENCY MANAGEMENT				PAGE _____ OF _____	
CONTRACT WORK SUMMARY RECORD					
APPLICANT NAME			PW #		PCA #
LOCATION/SITE			CATEGORY		PERIOD COVERING _____ TO _____
DESCRIPTION OF WORK PERFORMED					
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS - SCOPE	
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
_____ TO _____			\$		
GRAND TOTAL			\$		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.					
CERTIFIED BY		TITLE			DATE